

ate Name: I	owa ·						OMB Contro	ol Number: 0938-	1148
ansmittal N	umber: IA -	18 - 0020					Expir	ation date: 10/31/	2014
ost Sharii	ng Amounts	s - Categorical	y Needy I	ndividual	is 5			946C) (32a
	2 through 54								
		ng to <u>all</u> categorica the Same Cost Sl				id Options f	or Coverage) individua	ds.	Yes
1	Service or Iten	a Amount	Dollars or Percentage			Explan		nation	
1		The state of the s	\$	Other					X
Ser	/ice or Item:D	Cost Sharing Andrugs e ranges by which				ryice or iter	n varies.	Remove Se or Iten	
11(11	Incomes	Incomes Less than or Equal to	Amount	Dollars or Percentage	Uni		Explanatio	on	
	0% FPL	50% FPL	0.00	\$	Prescripti	on			
	50% FPL	No upper limit	1.00	\$	Prescripti		payment charged for each	ch covered drug	
Ser	vice or Item: C	Chiropractor servic	es		11380007			Remove S or Ite	
Ind	icate the incom	ne ranges by which	the cost sha	ring amount	t for this s	ervice or ite	m varies,		
	1	Incomes Less than or Equal to	Amount	Dollars or Percentage	Un	it	Explanati	ion	
	0% FPL	50% FPL	0.00	\$	Day				1
	50% FPL	No upper limit	1.00	\$	Day		payment charged for th dered on a given date.		
	L-	Physical therapy						Remove S or Ite	
Inc	licate the incor	ne ranges by whic	n the cost sha			ervice or ite	om varies.		
	to be a second management	Incomes Less than or Equal to	Amount	Dollars or Percentage	1	ıit	Explanat	tion	
4	E()	50% FPL	0.00	<u> </u>	Day		payment charged for th	an total newsians	
1	50% FPL	No upper limit	1,00	\$	Day		payment charged for the idered on a given date.		
20	rvice or Item:	Podiatrist services		· · · · · · · · · · · · · · · · · · ·				Remove S	

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	Incomes Greater than	Incomes Less than or Equal to		Dollars or Percentage	Unit	Explanation
+	0% FPL	50% FPL	0.00	\$	Day	
	50% FPL	No upper limit	1,00	\$	Day	Copayment charged for the total services rendered on a given date.
Ser	vice or Item: A	mbulance services				Remove.
Indi	cate the incom	e ranges by which	the cost sha	ring amount	for this service	or item varies.
		Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation
-	0% FPL	50% FPL	0.00	\$	Day	
4	50% FPL	No upper limit	2,00	\$	Day	Copayment charged for the total services rendered on a given date.
Ser	vice or Item:	Audiologist service	S			Remove or it
Ind	icate the incon	ne ranges by which	the cost sha	ring amoun	t for this service	e or item varies.
	Incomes Greater than	Incomes Less	Amount	Dollars or Percentage		Explanation
4		50% FPL	0.00	s	Day	
-1	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.
	L.	Hearing aid dealer		aring amour	it for this servic	Remove or item varies.
	Incomes	Incomes Less than or Equal to	Amount	Dollars or Percentage		Explanation
-		50% FPL	0.0	\$	Day	
	50% FPL	No upper limit	2.0	\$	Day	Copayment charged for the total services rendered on a given date.
S	ervice or Item:	Medical equipmen	nt, appliance	s, prosthetic	devices, and sig	Remove or or
In	dicate the inco	me ranges by whic	h the cost sh	aring amou	nt for this service	ce or item varies.
	Incomes Greater than		Amount	Dollars o Percentag	ŧ .	Explanation
	0% FPL	50% FPL		\$	Day	
	50% FPL	No upper limit	2.0)0 \$	Day	Copayment charged for the total services rendered on a given date.
350 2000	50% PPL					

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	Incomes Greater than	Incomes Less than or Equal to	L	Dollars or Percentage	Unit	Explanation	
4		50% FPL	0.00		Day		
+	50% FPL	No upper limit	2.00	s	Day	Copayment charged for the total services rendered on a given date.	
Ser	vice or Item: O	ptometrist services	3			Remov	e St Iten
Indi	cate the incom	e ranges by which	the cost sha	ring amount	for this service	or item varies.	
	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
4		50% FPL	0.00	\$	Day		***********
L	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	š
Ser	vice or Item:	Orthopedic shoes		The second section of the section of	——————————————————————————————————————	Remov	re S Ite
	L	ne ranges by which	the cost sha	ring amount	for this service	di anno di ann	
	Incomes	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	_#-1
1		50% FPL	0.00	\$	Day	NIA .	
1	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total service rendered on a given date.	S
	<u> </u>	Psychologist servic				Remo	ve S r Ito
	1	ne ranges by which	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	aring amoun	t for this service		i i i i
	Incomes	Incomes Less than or Equal to	Amount	Dollars or Percentage		Explanation	
-1	<u>_</u>	50% FPL	0,0	s	Day		
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total service rendered on a given date.	÷\$
	ervice or Item:	Rehabilitation ages	ncy services		A	Remo	ve r It
Se	Ļ	me ranges by which		aring amour	at for this service	or item varies.	
	dicate the incol			Dollars or		Explanation	
	Incomes	Incomes Less	Amount	Percentage	- Oine		
	Incomes Greater than	Incomes Less than or Equal to 50% FPL	Amount 0.0	Percentage	Day		
In	Incomes Greater than	than or Equal to	Amount 0.0 2.0	0 \$	1	Copayment charged for the total service rendered on a given date.	es
In	Incomes Greater than	than or Equal to 50% FPL No upper limit	0.0	0 \$	Day	rendered on a given date.	

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	Incomes	Incomes Less		Dollars or	T 7 - 74	There 1	
70 TW		than or Equal to		Percentage	Unit	Explanation	
	0% FPL	50% FPL		\$	Day		
	50% FPL	No upper limit	3.00	\$	Day	Copayment charged for the total services rendered on a given date	
						Remove S	er
Ser	vice or Item: S	ervices rendered in	ı a physician	(MD/DO) (office visit	or Ite	n
Indi	cate the incom	e ranges by which	the cost shar	ring amount	for this servic	e or item varies.	
	Incomes	Incomes Less		Dollars or		77 A	
V		than or Equal to	Amount	Percentage	Unit	Explanation	
w.c.	0% FPL	50% FPL	0.00	\$	Day	·	
-	50% FPL	No upper limit	3.00	\$	Day	Copayment charged for the total services rendered on a given date.	
Last minist		L	PARTITION OF THE PROPERTY OF THE PARTITION OF THE PARTITI			RemoveS	eı
Ser	vice or Item: N	Aedicare Part B cro	ossover clain	П3			m
Ind	icate the incom	ne ranges by which	the cost sha	ring amoun	t for this servic	e or item varies.	
	Incomes	Incomes Less		Dollars or			
		than or Equal to	Amount	Percentage	1	Explanation	
110	<u></u>	50% FPL	0.00	I The	Other		
100 N	50% FPL	No upper limit	1,00			Dually eligible (Medicare and Medicaid)	_
	DAM LLT	140 apper mine	1,00			members must make a copayment for each	
4				\$	Other	Medicare Part B (crossover) claim submitte	
						to Medicaid, for services for which Medica	ic
307						otherwise collects a copayment.	
			0 d Y2Y1			Remoye	
Se	rvice or Item:[]	Non-Emergency us	se of the EK		and the first first first	or It	217
Inc	licate the incor	ne ranges by which	h the cost sh	aring amour	nt for this servi-	ce or item varies.	
	Incomes	Incomes Less		Dollars or			
	Greater than	than or Equal to	Amount	Percentage	Unit_	Explanation	
-1	0%	50%	0.00) \$	Visit	- Comment of the Comm	
	50%	No upper limit	3.00	0		Copayment charged for nonemergency	
100	# 15070	in apprimin		\$	Visit	services when provided in a hospital	
100	56					emergency room.	_
-		The state of the s			- Language of the second secon		
	· · · · · · · · · · · · · · · · · · ·	7					
	Service or Item						
	ervice or Item						
dd S	and the state of t	13	s Charged t	o Otherwis	e <u>Exempt</u> Indi	ividuals	
dd S	haring for No	n-preferred Drug					
dd S	haring for No	n-preferred Drug				ividuals or the following question:	_

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Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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